

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CS</i>		<i>9/28</i>
O.I.P.E. CLASSIFIER		<i>59</i>	<i>10/4</i>
FORMALITY REVIEW	<i>DFZ</i>	<i>68608</i>	<i>11/8/2000</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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